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[Reprint from the St. Joseph Medical Herald.]

THE INFLUENCE OF MORBID STATES OR CONDITIONS OF THE BODY ON LOCAL DISEASES.

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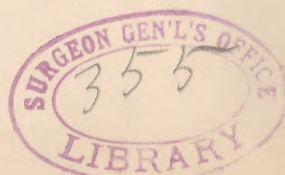
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*Read by title before the American Rhinological Association meeting, at Cincinnati, Ohio,
September 12th, 13th and 14th.*

THERE are several disposing causes and conditions of a constitutional character which are intimately connected with local diseases, and which are to be considered in their treatment. The principal of these are: 1.—Diatheses or constitutional tendencies, with local manifestations or points of eruption—malignant. 2.—Constitutional tendencies attended or not by local morbid action of a non-malignant character, as the strumous habit or rheumatic diatheses. 3.—Constitutional disturbances affecting the functions of certain organs which, in turn, give rise to morbid action in others. 4.—Abnormal action or deranged function of certain organs, giving rise to morbid action in other organs, uniformly or contingently, as in metastases or functional action of the heart from functional derangement of the digestive organs. 5.—Purely local morbid action, as in local inflammations and non-malignant tumors and some diseases of the skin.

All these states of the body, excepting the first and last, are not unfrequently found to exist with local inflammation of the nasal, pharyngeal, and aural cavities, and to influence and determine in no small degree their management, as the experience of every physician abundantly shows. Besides the general tendency of these constitutional states or conditions in heightening local morbid action, we note that tissue has some influence on the in-

ception, progress and treatment of local affections. Thus in strumous or malignant cachexia, glands and mucous membranes, being of a lower vital structure, yield more readily than others to cachectic and morbid causes or influences. The lower vitality of these tissues renders them less able to resist morbid action, or to recover from it, while the action of remedies on them is much slower and more uncertain, whether these be local or constitutional. This slow and uncertain action of remedial agents arises from the fact that they have a feeble influence over vital action. They have control over diseased action only to the extent of their power on the vital force, since they can reach morbid action only through the vital. Hence, our control over morbid action is limited, and necessarily so. The power of reparation in a strumous habit is low in a state of comparative health, and much more so when the force of diseased action is added to the diathesis. The low vital activity is found in every part of the body, but more in some parts than in others. This is evident when we consider the influence of impaired digestion and deficient assimilation of food on the vitality of structures which are the first to yield to morbid action. The rhinologist finds, probably, more obstruction from the strumous habit in the milder forms of local disease, than from higher and graver inflammations occurring in persons of greater vitality, for in such in-



inflammations, the *vis vitæ* of the organism sustains the improvement effected by local or general medication much more effectually than it does, or can, when the strumous habit lies as an obstruction to the normal power of remedies. For this reason there is a necessity of counteracting the obstructive force of the diathesis, by remedies looking to the invigoration and support of the *vis vitæ*, in all cases where habit or diathesis or the influence of a long continued morbid action exerts a marked influence on local disease.

There are also constitutional disturbances, so-called, that influence local morbid action, which are not of a diathetic character, as that of fever, idiopathic, traumatic, or specific. It is well known what influence scarlet fever has on mucous membranes, and what serious results sometimes follow its action. It is true that it is not the *fever* that gives rise to these morbid effects, but the action of the peculiar poison producing the disease; but this is also true of idiopathic and traumatic fever. The function of the membrane is first interrupted, and then follows inflammation and the organic changes which it produces. So long as the poison is active, the membrane must suffer, and no more can be done than to palliate until the constitutional disturbance has entirely subsided. The disease being self-limited, or curable by the *vis medicatrix naturee*, disappears in time, and leaves the membrane of the cavities free of its influence. Then what the *vis medicatrix* can do is done; but its work is not always complete. The chronic condition of the membrane remaining is what the rhinologist has to deal with, and this is mostly local, and so far, remedial by proper local treatment. In so far as the chronic condition has affected other organs or given rise to a constitutional disturbance, resulting from the influence of the poison being extended to other organs, it is evident that local improvement cannot materially advance until the general condition of the system has

been relieved. Constitutional conditions, not arising from the action of any specific poison, as when the blood becomes aplastic or non reparative from obscure or unknown causes, have a like influence over local morbid action, as when abrasions of the surface, simple or ulcerative, are found not to improve on local treatment, but to readily heal after the constitutional condition has been cured. Facts of this kind are very familiar to the general practitioner and to specialists. In such cases the morbid action is not purely local, but essentially constitutional, and no permanent improvement of the local disease can be expected until the general condition has been cured. We may, therefore, frequently find that our nasal, pharyngeal, or aural trouble will remain unimproved by local treatment until we have cured the general or systemic trouble, and since but few patients present themselves who are well as regards the functions of the digestive and assimilating organs, we find, to this extent, that constitutional treatment is necessary in most cases to the success of the local. Such, at least, is my experience, and I am confident that the general principles of the science confirm the experience. There is no principle or fact in medicine better established than that local diseases are made worse by constitutional states or conditions.

The influence of abnormal action or deranged function of certain organs, arising slowly from different causes, appears very conspicuous when the digestive organs are functionally or organically affected. The effects of such derangement is seen in the facts mentioned above—when local affections are aggravated or made less susceptible to local curative agents—and in the fact that other organs suffer directly from the impaired function of the organs. Thus, in the first case, the general condition produced by the impaired action of a particular organ interferes with the success of local treatment of another; and in the second place, the

local inflammation arising as an effect of the primary morbid action, persistently resists the action of local remedies until the cause of the local trouble has been removed. Indeed, the local effect disappears almost entirely when its cause has been removed. To make this statement more definite, and its correctness more easily tested and appreciated, I affirm that acute or chronic pharyngitis more frequently arises from hepatic derangement, than from any other morbid cause. Especially is this true of the chronic inflammation of the mucous membrane of this cavity. So closely and intimately is the condition of the membrane connected with hepatic derangement, that the local condition improves and becomes as normal as it can, on the correction of the hepatic trouble alone, and without any application direct to the membrane. Yet, in the beginning of the treatment, local applications by the spray do good in some degree by allaying the local irritation, and hence may be beneficially employed.

Assuming as incontrovertible that the pharyngeal membrane and mucous glands distributed in it become chronically affected, the one inflamed and the others enlarged and aggregated in patches, from hepatic derangement, it is not improbable that the same condition of the membrane extends above the velum and into the posterior nares from the same cause, and invited thither by continuity of structure. It is my opinion that the extension of the disease is much more frequently upward from the pharynx into the nares than downward from the nares into the pharynx. Such has been the result of my observation; and now assuming it is a fact, it is not difficult to understand why such should be the case, when we remember how much more frequently persons suffer from indigestion than from acute colds. In the few cases I have seen of a nasal catarrh with but slight discoloration of the pharyngeal membrane, I have observed no tendency of the nasal to become also pharyngeal. Such patients have

been cured by local treatment alone; but in every case of pharyngeal inflammation with mucous patches, I have invariably found other characteristic symptoms of hepatic derangement, as the full and incompressible pulse and occasionally tenderness over the liver. In all such cases, the treatment has proved the correctness of the diagnosis. Such cases can be cured without local application of any remedy. Every one must have seen cases in which an improvement in the condition of pharyngeal membrane by local or general remedies or by both, having reached a certain point, has seemed to stop. There is a point in these cases which cannot be passed by the use of any means so long as the party remains in the same locality. Climate will do what medicines can not.

The diseased condition of the pharyngeal membrane (and we may include the nasal) arising from the use of tobacco, whether chewed or smoked, confirms the view here presented. The use of this narcotic is invariably the cause of pharyngeal inflammation, and this condition of the membrane extends into the posterior nares, and can not be cured so long as tobacco is used by the subject. Its use is also followed by hepatic derangement as an effect, and this functional disturbance can be relieved only temporarily by treatment so long as the use is continued. There is also the direct effect produced by the irritating properties of the weed. The secretions of the glands and mucous membrane being charged with the poison, give rise to inflammation by direct contact. When the parts become tolerant of the irritation, the inflammation is established, and the poison thence produces impaired action of the liver, and this functional derangement becomes the chief cause in keeping up the inflamed condition of the membrane. This view, as to the order of sequence in the symptoms, is evident from other facts.

In those who habitually use malt or spirituous drinks, a like condition of

the membrane ensues. No habitual drinker has a sound pharyngeal membrane. Without exception they have inflamed throats. In the case of beer, the inflammation cannot arise from local irritation produced by contact with the beer; but from the action it has on the function of the liver, as is corroborated and proved by concomitant symptoms—a full and resisting pulse, a furred tongue, and inflamed throat.

A like condition of the pharyngeal membrane is produced by functional derangement of the liver arising from other causes than these named, as over-eating and consequent taxing of the strength of these organs, bad air, fever, want of sufficient exercise, etc. Finding a like condition of the membrane under such circumstances and a corresponding pulse, we are shut up to one conclusion. These last cases are found in women, and in men who do not use tobacco or intoxicating drinks; and when such persons are bilious, and have been frequently in this condition, we know that their condition can be ascribed to no other cause, and especially when the treatment confirms the diagnosis.

A bilious condition, so frequently met with in cases which come under treat-

ment by the rhinologist, renders whatever local trouble he may have to treat more aggravated, and correspondingly unyielding to treatment employed only locally. Hence the importance of recognizing the cause, and treating this in conjunction with the local disease, each requiring its own proper treatment. It is much to the advantage of the physician in such cases that he has remedies which will cure both cause and effect; but not always as readily in one case as in another, as when diathesis obstructs the action of remedial agents.

There are also climatic causes or conditions, which produce disease as well as cure it; and when our constitutional and local remedies fail to effect a cure, climate may be advised with no little confidence that it will do what our remedies could not, or, at least, did not, evidence of which fact every physician has in his own experience or observation. But, as a general rule, it may be considered true, that all diseases which the rhinologist is called on to treat will be found to yield to the constitutional and local remedies employed by him, when such remedies have been used with judgment and skill.